

## PART B - FEE(S) TRANSMITTAL

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34313 7590 09/27/2004

ORRICK, HERRINGTON & SUTCLIFFE, LLP  
4 PARK PLAZA  
SUITE 1600

12/28/2004 JDD02 00000011 130665 10023587

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 9.00 DA

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Jodie Davis (Depositor's name)  
Jodie Davis (Signature)  
November 12, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/023,587

12/17/2001

Anthony R. Perez

268/250

3111

TITLE OF INVENTION: DISPOSABLE SELF-SHIELDING UNIT DOSE SYRINGE GUARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$300

\$965

12/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HAYES, MICHAEL J

3763

604-198000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Orrick, Herrington &  
2 Sutcliffe LLP  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SAFETY SYRINGES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Carlsbad, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s): \$974.00 total

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 150665 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

SAMUEL B. STONE

Date

10-6-04

Typed or printed name

SAMUEL B. STONE

Registration No.

19297

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